



Application No. (if known): 10/621,167

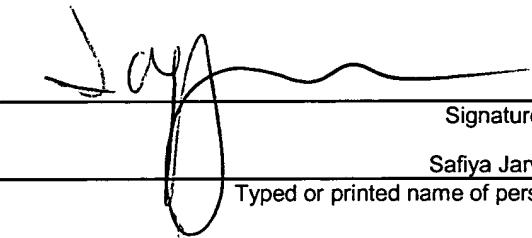
Attorney Docket No.: 49185CON(70840)

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV 754867668 US in an envelope addressed to:

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Alexandria, VA 22313-1450

on November 14, 2005  
Date



Signature

Safiya Jarvis

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 439-4444  
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal Letter (1 page)  
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Request for Continued Examination Transmittal (1 page)  
Copy of previously filed Response to Final Office Action (15 pages)  
Charge \$1,690.00 to deposit account 04-1105  
Return Receipt Postcard

## FEE SUMMARY SHEET

### Petition for Extension of Time Under 37 CFR 1.136(a) (PTO SB-22)

Date: November 11, 2005  
Time: 2:49 PM  
Docket: 49185CON(70840)

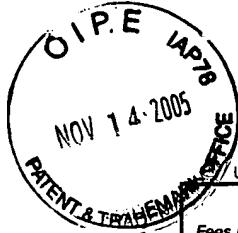
Filing Date: July 15, 2003  
Application No: 10/621,167  
Total Fee: \$ 1,690.00

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Code	Amount	37 CFR	Fee Description	Listed on
1253	900.00	1.17(a)(3)	Extension for response within third month	Petition for Extension of Time Under 37 CFR 1.136(a) (PTO SB-22)
1801	790.00	1.17(e)	Request for continued examination (RCE) (see 37 CFR 1.114)	Transmittal -- Request for Continued Examination (RCE) (PTO SB-30)



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 1,690.00)

<b>Complete if Known</b>	
Application Number	10/621,167-Conf. #4293
Filing Date	July 15, 2003
First Named Inventor	Fumikazu Shimoshikiryoh
Examiner Name	T. L. Rude
Art Unit	2871
Attorney Docket No.	49185CON(70840)

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

<u>Small Entity</u>
<u>Fee (\$)</u>

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
_____	- 20 = _____	_____ x _____ = _____		<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
_____	- 3 = _____	_____ x _____ = _____		_____

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 100 = _____	/50 (round up to a whole number) x _____	_____	_____ = _____

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1253 Extension for response within third month 900.00  
1801 Request for continued examination (RCE) (see 37 ... 790.00)

<u>SUBMITTED BY</u>				
Signature	<i>William J. Daley</i>	Registration No. (Attorney/Agent)	35,487	Telephone (617) 439-4444
Name (Print/Type)	William J. Daley, Jr.	Date	November 14, 2005	